# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: COVENTRY GROUP HOME (310282)

Address: 8028 W COVENTRY DR, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 12/01/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Survey ID: 0096483 End Date: 02/02/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008899 Served 03/09/2006

		Comphance	
<u>Deficiencies Cited</u>	Subject Area	<u>Verified</u>	Corrected
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	05/10/2006	Yes
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	05/11/2006	No
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	05/11/2006	No
83.15(1)(a)	STAFFING PATTERNS	05/11/2006	No
83.42(3)(a)1	PROCEDURES FOR ORDERLY EVACUATION	05/11/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/11/2006	Yes

Commission

Survey ID: 0090966 End Date: 09/10/2003 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Enforcement History**

Date: 03/08/2006 SOD #10008899 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(h) FORFEITURE---83.15(1)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 04/21/2006 Date Investigation Completed: 05/24/2006

Subject Area(s)ResultSOD #STAFF ADEQUACYSUBSTANTIATED10011868

Date Complaint Received: 06/08/2005 Date Investigation Completed: 02/02/2006

Subject Area(s)ResultSOD #STAFF ADEQUACYSUBSTANTIATED10008899

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.